



Preferred Client Program

Outline of Services
Contract Policies

PROGRAM OVERVIEW:

The Program is designed for long-term, ongoing clients of the Studio and offers preferred services for a monthly fee based on a 12-month contract. Clients receive year-long select reserved time slots (dependent on availability when you sign up) and preferential treatment if a change in your regular schedule is needed. Clients must commit to at least one session per week (see below) based on needs, budget and flexibility of schedule.

FUNDAMENTALS:

- Payment for services is accepted by check (mailed) or through Bill Pay set up through your own financial institution. Monthly checks are to be written to Mind's Eye Movement in the amount determined by the Program you choose and mailed to the Studio's financial institution:
 Pine River Valley Bank
 1701 Main Avenue
 Durango, CO 81301
ATTN: Mark Simon
 With "account # ending in 4826 written on the "for" line of your check (NOT on the envelope). (If you are using Bill Pay, be sure you are able to include this as a memo *that* accompanies payment.)

Checks must be received by the 27th of each month prior to the month you are paying for (i.e., March checks should be received by Pine River Valley Bank between February 27. Monthly email reminders will be sent and the Studio will be happy to provide you a statement of payment at your request.

- The number of allowed make-up sessions are listed on the Program and clients are asked to make up the missed session/s within two weeks of the absence (either before or after), based on trainer and session availability. Cancellations with less than 24-hours notice **may not be made up**.
- Every attempt is made to sustain the Studio's character as a 'boutique' business, serving your specific needs, situations and goals in a warm, private and supportive environment. As a result, the Studio will do everything possible to provide make-up sessions (beyond those already granted under each Program), on a case-by-case basis, with weekend sessions possible depending on trainer/client availability.
- The Studio will be closed for state recognized holidays.
- The Studio will give thirty (30) days notice of any changes to this Program.
- The Program may be placed on hold for extended illness or injury with a doctor's notice (minimum 2 weeks and maximum of 6 weeks) within any 12-month period, with the contract period being extended an equal period of time.
- The Program may be discontinued by either the client or the Studio at any time. Clients discontinuing the Program before the contract end date must pay a contract cancellation fee of \$200.

MONTHLY FEES: *

Sessions Per Week	* Allotted Trainer Absences	Sessions Guaranteed	Rate per Session	Monthly Fee	Yearly Savings
1	5	47	\$65	\$255	\$235
2	10	94	\$65	\$510	\$470
1	5	47	\$40 per person	\$156.50 per person	\$235
2	10	94	\$40 per person	\$313.00 per person	\$470

- Client understands the agreement includes allowance for trainer absences (not included as sessions paid for). Whenever possible, the Studio will inform the client of planned absences, but the client understands trainer illness may require last minute cancellations.

Preferred Client Program (cont.)

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I wish to participate in the Preferred Client Program and agree to the terms listed, beginning:

01/03/10 _____

04/05/10 _____

07/05/10 _____

10/04/10 _____

with _____ additional sessions prior to the contract date offered at the \$65 per session rate when committing to the Preferred Client Program.

PAYMENT TRACKING: Sessions per week _____ Monthly Payment: _____

Client's Signature: _____ Printed Name: _____